

(GW/UST-2)

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use NC Dept. of EHNR

I.D. Number

Date Received NOV 16 1994

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

Regional Office

I. Ownership of Tank(s)

II. Location of Tank(s)

Baptist Hospital
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Medical Center Blvd
Street Address
Forsyth
County
Winston-Salem, NC 27157
City State Zip Code
(910) 716-2011
Area Code Telephone Number

Same Baptist Hospital - Ambulatory Care Unit
Same Facility Name or Company
0-015466
Facility ID # (if available)
Same
Street Address or State Road
County City Zip Code
(910) 716-2011
Area Code Telephone Number

III. Contact Person

John Kimkowski Engineer (910) 716-2011 4946
Name Job Title Telephone No. (Area Code)
Closure Contractor Dunn, Foster, and Spainhour (910) 768-8586
(Name) (Address) Telephone No. (Area Code)
Lab Hydrologic Frankfort, KY (502) 223-0251
(Name) (Address) Telephone No. (Area Code)

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1000	74"x46"	Diesel		x		x		x

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☐ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment.
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank
☒ Excavate down to tank.
☐ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☐ Cap or plug all lines except the vent and fill lines.
☐ Purge tank of all product & flammable vapors.
☐ Cut one or more large holes in the tanks.
☐ Backfill the area.

Date Tank(s) Permanently closed: August 12, 1994

Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.
☐ Plug or cap all openings.
☐ Disconnect and cap or remove vent line
☐ Solid inert material used - specify: _____

REMOVAL

- ☐ Create vent hole
☐ Label tank
☒ Dispose of tank in approved manner
Final tank destination: Crump Creek farm
222 Crump TRAIL
Advance, NC 27006

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

J.F. KLIMKOWSKI, ASST DIRECTOR ENG

Yellow Copy - Central Office

Pink Copy - Owner

11/11/94